

## BEST AVAILABLE COPY

MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET (FOR USE WITH FORM PTO-875)								SERIAL NO. <i>10/503,515</i>	FILING DATE				
								APPLICANT(S)					
CLAIMS													
	AS FILED		AFTER 1 <sup>ST</sup> AMENDMENT		AFTER 2 <sup>ND</sup> AMENDMENT			AS FILED		AFTER 1 <sup>ST</sup> AMENDMENT		AFTER 2 <sup>ND</sup> AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.		IND.	DEP.	IND.	DEP.	IND.	DEP.
1	1			1				51					
2	1			1				52					
3								53					
4		2			2			54					
5	1			1				55					
6	1			1				56					
7		2			2			57					
8	1			1				58					
9	①			①				59					
10	1			1				60					
11	1			1				61					
12								62					
13								63					
14								64					
15								65					
16								66					
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36								86					
37								87					
38								88					
39								89					
40								90					
41								91					
42								92					
43								93					
44								94					
45								95					
46								96					
47								97					
48								98					
49								99					
50								100					
TOTAL IND.	6	↓	6	↓	6	↓		TOTAL IND.	↓	↓	↓		
TOTAL DEP.	7	↔	7	↔	7	↔		TOTAL DEP.	↔	↔	↔		
TOTAL CLAIMS	13		13		13			TOTAL CLAIMS					